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ABSTRACT

This document presents general information about State Interagency Coordinating Councils (SICCs) which participate in the Early Intervention Program for Infants and Toddlers with Disabilities (formerly Part H Program, now Part C) under the Individuals with Disabilities Education Act (IDEA). The information was gathered from questionnaires returned from 42 out of 57 states and jurisdictions. It reports on topics such as: each SICC's composition and membership; parent roles and participation; strategies for outreach to underserved populations; structure and organization; roles and functions; and SICC documents available to share with other SICCs. Each section contains a summary of respondents' comments. Also included is information about local or regional interagency coordinating councils and their relationships to the SICCs. The primary purpose of the document is to share this information among SICC chairs and to provide examples of successful practices. The information is also to be shared with the broader early childhood community. Contact information for the chair or co-chairs of each SICC is given and the full text of those portions of the Code of Federal Regulations (CFR), issued by the U.S. Department of Education under IDEA, which pertains to SICCs is provided. (SG)

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ED 452 672

STATE ICC OVERVIEW

Policies, Programs, and Practices of State Interagency Coordinating Councils Under the Individuals with Disabilities Education Act

Jo Shackelford, Editor

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State ICC Overview:

Policies, Programs, and Practices of State Interagency Coordinating Councils Under the Individuals with Disabilities Education Act

Jo Shackelford, Editor

May 1997

Developed for the Council of ICC Chairs by

NEC•TAS
National Early Childhood Technical Assistance System
Chapel Hill, North Carolina

The National Early Childhood Technical Assistance System (NEC*TAS)
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May 1997

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Introduction

At the Part H Meeting sponsored by the Office of Special Education Programs (OSEP) of the U.S. Department of Education and by NEC*TAS in November 1995, the Council of ICC Chairs (CICCC) requested that NEC*TAS, in collaboration with an appointed task force of CICCC members, develop a document to present general information about state ICCs (SICCs). The document would report each SICC's composition and membership, parent roles and participation, structure and organization, and roles and functions, including information about local or regional interagency coordinating councils and their relationship to the SICC. The primary purpose of this *Overview* is to share this information among the SICC chairs and to provide them with examples of successful practices of other SICCs. Recognizing that this information would be of interest to many other individuals, the *Overview* also has been developed to share with the broader early childhood community.

In August 1996, a questionnaire (*see Appendix A*) was sent to the SICC chair in each of the 57 states and jurisdictions which participate in the Early Intervention Program for Infants and Toddlers with Disabilities (Part H Program) under the Individuals with Disabilities Education Act (IDEA); 42 questionnaires were returned. The information provided by these 42 chairs is presented unverified and in the respondent's language except where otherwise noted.

To facilitate communication, this document also includes contact information for the chair or co-chairs of the interagency coordinating council of each state and jurisdiction (*see Appendix B*). Because this contact information is highly subject to change, NEC*TAS will maintain this information on its site on the World Wide Web (*see http://www.nectas.unc.edu/*) and readers should refer to that site for current information.

Appendix C presents the full text of those portions of the Code of Federal Regulations (CFR), issued by the U.S. Department of Education under IDEA, which pertain to SICCs. References to specific sections of the CFR are provided following those content areas that are prescribed by these regulations. Throughout this document "state" is used to collectively refer to the states, jurisdictions, and outlying areas which participate in the Part H Program.

I wish to thank the CICCC Task Force members for their many contributions to this document:

Wesley Brown (Tennessee);
Dawn Carlson (Indiana);
Candye Chavez (Oklahoma);
Kathy Cooper (Maryland);
John Frederick (Virginia);
Paul Green (Iowa);
Tom Miller (Massachusetts); and
Ken Price (West Virginia).

The following individuals also made significant contributions to the *Overview* during its development and review:

Carol Berman, NEC*TAS at ZERO TO THREE: National Center for Infants, Toddlers and Families;
Wesley Brown, SICC Chair, Tennessee;
Peggy Cvach of OSEP;
Joan Danaher, NEC*TAS Associate Director;
Charlotte Duggan, SICC Staff, Georgia;
Evelyn Hausslein, NEC*TAS at the Federation for Children with Special Needs;
Luzanne Pierce, NEC*TAS at National Association of State Directors of Special Education (NASDSE);
Ken Price, SICC Chair, West Virginia;
Nancy Striffler, NEC*TAS at Georgetown University Child Development Center;
Pat Trohanis, NEC*TAS Director; and
Beth Wroblewski, Part H Coordinator, Wisconsin.

I hope that you find the information presented in the *Overview* useful and I welcome your comments and suggestions for the potential continued development of this document.

Jo Shackelford, Editor
May 1997

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Composition and Membership

(see Sec. 303.600 Establishment of Council and Sec. 303.601 Composition)

1. The 42 states contributing to the *Overview* reported the following number of members who are appointed by the governor to their SICC and the categories they represent:

State	Total No. of SICC Members	Number of SICC Members Representing:							
						State Agencies			
		Direct Service Providers	State Legislators	Parents	Personnel Prep.	Education	Health	Social Services	Insurance
AK	26	3	1	2	1	1	1	0	1
CA	19	3	1	4	2	1	3	1	1
CT	25	5	2	5	1	1	1	1	1
DE	25	4	2	9	2	1	1	1	1
FL	25	5	1	5	1	4	1	1	1
GA	19	2	1	4	2	1	1	1	1
GU	15	3	1	4	1	1	4	1	1
HI	15	5 (1)	1	3	1	1	0	1	1
ID	20	0	1	4	1	1	1	1	1
IL	20	6	1	2	1	1	1	5	1
IN	20	6	2	4 to 5	1	1	1	4	1
IA	22	8	1	4	1	2	2	1	1
KS	17	3 to 5	2	3 to 5	1	1	1	1	1
KY	25	10 (2)	1	5	1	1	3	1	1
LA	18	5	2	3	0	1	3	1	1
MD	17	5	2	5	1	1	1	1	1
MA	33	7	1	7	1	1	1	1	1
MN	25	3	2	5	1	1	1	1	1
MS	25	8	1	6	2	1	1	5	1
MO	15	4	1	3	0	1	1	1	1
NE	20	5	1	5	1	1	1	1	1
NV	15	2	2	3	1	1	1	3	1
NJ	25	5	1	5	1	1	1	1	1
NM	25	6	2	4	1	2	3	3	1
NY	27	5	2	6	1	1	1	1	1
NC	26	6	4	9	1	1	1	1	1
ND	17	4	1	4	2	1	1	1	1
OH	23	5	1	5	1	1	1	1	1
OK	20	4	1	5	2	1	1	1	1
OR	24	4	1	5	1	1	3	5	1
PW	15	1	1	4	1	3	1	4	0
RI	21	5	1	4	1	2	1	3	1
SC	25	5	1	7	2	1	1	1	1
TN	15	3	1	3	1	1	1	1	1
TX	22	4	1	7	1	1	1	1	1
UT	24	5	1	7	3	2	1	2	1
VT	18	3 to 4	1	4	1	1	1	5	1
VA	28	8	1	5	5	1	1	5	1
WA	25	3	1	5	1	1	1	1	1
WV	15	3	2	5	2	1	0	0	1
WI	16	3	1	3	1	1	1	1	1
WY	15	3	1	3	0	1	1	1	0

1 HI: 4 providers also are parents of children with disabilities
2 KY: 1 provider also is a parent of a child with disabilities

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2. The following 30 states also report an unspecified number of officially appointed SICC members representing the following categories:

State (*N*=30)	SICC Members Are Appointed Representing:									
	Advocacy Orgs (*N*=5)	Governor's Office (*N*=2)	Head Start (*N*=6)	Higher Education (*N*=3)	Local/Reg. Personnel Agencies (*N*=6)	M.D.s (*N*=11)	Other State/Local Agencies[1] (*N*=23)	Tribal Councils (*N*=7)	Voluntary Orgs (*N*=3)	Other
AK			✔	✔		✔				
CA					✔		✔			
CT						✔	✔			
DE							✔			
GA			✔				✔			
HI		✔				✔				
ID						✔	✔	✔		
IL				✔			✔			
KY						✔				Military
MA									✔	
MN	✔					✔	✔	✔	✔	
MO							✔			
NE			✔			✔	✔			
NV							✔			
NJ	✔				✔		✔		✔	Private providers
NY							✔			
NC				✔			✔			
ND								✔		Allied health providers
OH			✔		✔	✔	✔			
OK							✔	✔		
OR			✔				✔	✔		
RI	✔	✔								
SC			✔				✔			
TN						✔	✔			
TX	✔					✔	✔			
UT							✔			
VT					✔					Part H project director
WA					✔		✔	✔		
WI	✔				✔	✔	✔	✔		Service providers
WV							✔			

[1] These other state and local agencies include:
Child Care,
Child Protection,
Children with Special Health Care Needs,
Developmental Disabilities Council,
Developmental Services,
Economic Development,
Education/Special Education,
Hearing Impaired/Blind Services,
Medicaid,
Mental Health/Mental Retardation/Substance Abuse,
Migrant Services, and
Research and Evaluation.

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Composition and Membership, *continued*

3. **The following 35 states report that there are other regular participants in addition to official members on their SICC:**

   AK, CA, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MD, MA, MN, MS, MO, NE, NJ, NM, NC, ND, OH, OR, RI, SC, TX, UT, VA, WA, WV, WI, and WY.

   These additional regular participants represent the following categories:

   - Advocates;
   - Invited guests;
   - Liaison to the Governor's office, Developmental Disabilities Council, or other advisory groups;
   - Local and regional ICC members;
   - Members of agencies and other initiatives not officially represented on the SICC;
   - Parents;
   - Public and private providers;
   - SICC committee and task force members;
   - SICC staff; and
   - State Part H coordinator and lead agency staff.

4. **SICC members are recommended for appointment by the governor by the following:**

Member Appointments Recommended to Governor By:	*N*	State
SICC	27	GA, GU, HI, ID, IN[1], KY, LA[2], MD, MA, MN[3], MS[4], NE[5], NV, NJ, NM, ND, OH, OK, OR[6], PW, SC, TX[7], UT, VT, VA, WV, and WI
Part H lead agency	18	GU, IL, IN[2], MD, MS[4], MO, NE[5], NV, NY[8], OH, OR[6], PW, RI, TN, UT, VA, WI, and WV
Governor or mayor	17	AK[9], CA, CT, DE, FL, IL, IA, KS[10], MS[4], NC[10], ND, PW, TN, VA, WA, WI, and WY

[1] IN: Nominations go through lead agency but come from all over

[2] LA: By community, then approved by SICC Membership Subcommittee

[3] MN: SICC Executive Committee reviews applications and recommends appointments to assure equal representation

[4] MS: Directors of participating agencies nominate staff from their respective agencies

[5] NE: Regional planning teams make recommendations to SICC

[6] OR: By participating agencies

[7] TX: Disabilities Policy Consortium, solicitations through ECI newsletter

[8] NY: Legislature nominated

[9] AK: Application to governor's office

[10] KS and NC: Legislators are nominated by House and Senate

5. SICCs use a variety of strategies to orient new members to the SICC and Part H, including:

State (N=41)	Orientation Strategies					
	Mentoring (N=26)	Orientation Manual (N=32)	Other Written Materials (N=22)	Retreat (N=12)	Workshop (N=18)	Other
AK	✔	✔	✔		✔	
CA		✔	✔	✔		
CT	✔	✔	✔			
DE		✔	✔			
FL	✔	✔			✔	
GA	✔	✔			✔	
GU		✔	✔		✔	
HI		✔	✔	✔	✔	
ID		✔	✔	✔	✔	
IL	✔	✔			✔	
IN		In development	✔	✔	✔	
KS	✔	✔				
KY		✔			✔	Audiotape with information about structure and committee roles
LA		✔			✔	
MD	✔	✔				Parents receive more mentoring than other new members
MA	✔	✔	✔	✔	✔	
MN	✔	✔	✔	✔		
MS	✔					
MO	✔					
NE		✔	✔	✔		Parents receive training from the parent partner (an agency employee)
NV	✔	✔				
NJ	✔	✔				Invite participation on committees and to work on regional collaboratives
NM	✔		✔		✔	
NY						Orientation meeting
NC	✔	✔	✔	✔		
ND	✔	✔	✔			
OH	✔	✔		✔		
OK	✔	✔	✔	✔	✔	
OR		✔				
PW	✔	✔	✔		✔	
SC		✔				
RI	✔		✔		✔	
TN	✔		✔		✔	
TX						One quarterly orientation with new members and new staff
UT		✔	✔			Orientation session with SICC chair and other council members
VT	✔	✔				
VA	✔		✔		✔	
WA	✔	✔				
WV	✔	✔		✔		
WI		✔	✔			One-on-one orientation with state staff and join personnel development workshops
WY	✔	✔	✔	✔	✔	Meet with ICC chair and Part H coordinator

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Editor's Summary of Respondents' Comments on SICC Composition and Membership:

- SICC is working to broaden representation and diversity from all areas of the state (CA, CT, and NJ).
- In Vermont, two people are appointed from each region (pairing) for mutual support and to encourage broad geographical representation.
- SICC is working to increase representation of specific groups such as parents, child care providers, or direct service providers (CT, IL, NJ, ND, and KY).
- Some states noted difficulties in getting timely appointments to the SICC from the governor (CT, GA, and LA).
- The Ohio SICC has been working to develop a structure that clearly defines SICC members' responsibilities. It is developing job descriptions for particular roles working from a matrix of goals and objectives which was designed by the SICC co-chairs and staff.

Parent Participation

See Sec. 303.601 Composition and Sec. 303.602 Use of funds by the Council

1. Special provisions are made to support parent participation on SICCs, including:

State (N=42)	Support for Parent Participation on SICCs:							
	Expenses Paid (N=40)	Travel Paid (N=40)	Child Care Paid (N=32	Participation Fee (N=15)	Mentoring (N=19)	Training/ Orientation (N=16)	Written Manual (N=15)	Other
AK	✔	✔	✔		✔	✔	✔	
CA	✔	✔	✔			✔		
CT	✔	✔				✔		
DE	✔	✔	✔			✔		Phone tree and conference calls before meetings
FL	✔	✔	✔					
GA	✔	✔	✔	✔	✔	✔ (1)	✔ (1)	
GU	✔				✔	✔	✔	
HI	✔	✔	✔					
ID	✔	✔	✔			✔		Paid flat amount for any lost wages
IL	✔	✔	✔	✔	✔			
IN	✔	✔		✔				Child care included in participation fee
IA	✔	✔	✔					
KS	✔	✔			✔			Conference calls prior to meeting
KY	✔	✔	✔					
LA	✔	✔	✔					
MD	✔	✔	✔	✔ (2)	✔	✔	✔	
MA	✔	✔	✔	✔	✔	✔	✔	
MN	✔	✔	✔	✔	✔	✔	✔ (1)	
MS	✔	✔			✔			
MO								Plans for parent support in development
NE	✔	✔	✔	✔			✔	Parent Partner reviews agenda with parents by phone conference before each meeting
NV	✔	✔	✔					
NJ	✔	✔	✔				✔	
NM	✔	✔	✔					
NY	✔	✔	✔		✔			
NC	✔	✔		✔	✔	✔	✔	
ND	✔	✔	✔		✔		✔	
OH	✔	✔	✔		✔		✔	
OK	✔	✔	✔		✔			Sends parents to national meetings
OR	✔	✔	✔	✔				
PW	✔	✔	✔			✔	✔	
RI	✔	✔	✔	✔	✔	✔		Retreats for parents
SC	✔	✔	✔					
TN	✔	✔	✔			✔		Phone support
TX	✔	✔	✔					
UT	✔	✔	✔	✔	✔			Plans for a training session in development
VT	✔	✔	✔	✔	✔		✔	
VA		✔		✔				
WA	✔	✔		✔			✔	
WV	✔	✔	✔	✔		✔		
WI	✔	✔			✔			
WY	✔	✔	✔		✔	✔	✔	

[1] Same orientation/manual that all members receive
[2] Lengthy wait for reimbursement

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Parent Participation, *continued*

2. **Respondents felt that the following strategies were especially helpful in supporting parent participation on the SICC:**

Strategies of Note to Support Parent Participation on SICCs	*N*	State
Travel expenses and/or stipends (especially receiving it prior to travel)	12	ID, GA, MO, NE, NJ, NM, OK, TX, VT, WA, WV, and WI
Parent participation and leadership on committees	7	DE, KY, MA, MO, NC, ND, and UT
Attendance at state and national conferences	6	CA, DE, GU, KY, LA, and WY
Parents as chairs and co-chairs	5	MN, NJ, NC, RI, and VT
Parent resource organization assistance and mentoring	5	CA, FL, MD, MA, and WY
Parent training	4	DE, ID, GU, and LA
Parent Involvement Committee on SICC	3	KY, ND, and WV
Child care paid	2	AK and GA

Other helpful strategies that states noted include:

- Assistance in coordinating transportation and travel arrangements (WI);
- Attention to parent participant during legislative process (CT);
- Hiring a family representative to the state management team (VA);
- Holding statewide Family Resource Center meetings concurrently with SICC meeting (CA);
- One-to-one support for new members (WI);
- Parents calling new parents (NJ);
- Participation in meetings via conference call (KY); and
- Presentation of a family story at each meeting, and scheduling meetings around parent members' work schedules (NE);
- Support of parent resource organization by Part H (FL).

3. Parent members are recruited for appointment to the SICC in the following ways:

State (*N*=42)	Parent Member Recruitment Strategies						
	Announcements		Nomination by				
	At Meetings (*N*=28)	In Newsletters (*N*=12)	Agencies or Service Providers (*N*=32)	Parent Organizations (*N*=24)	Public Notices (*N*=8)	Word of Mouth / Informal (*N*=38)	Other
AK	✔		✔	✔		✔	
CA						✔	
CT			✔	✔			
DE	✔			✔		✔	
FL			✔	✔		✔	
GA	✔				✔	✔	
GU	✔		✔				
HI			✔	✔		✔	
ID	✔	✔	✔	✔		✔	
IL	✔	✔	✔	✔	✔	✔	
IN	✔	✔	✔	✔	✔	✔	
IA	✔					✔	
KS						✔	
KY	✔		✔			✔	
LA	✔		✔	✔		✔	Involvement of local and regional ICCs
MD	✔	✔				✔	
MA	✔		✔	✔	✔	✔	
MN	✔	✔				✔	Involvement of local and regional ICCs, and involvement of SICC subcommittees or workgroups
MS	✔		✔			✔	
MO						✔	
NE	✔		✔	✔		✔	
NV	✔		✔			✔	
NJ	✔		✔	✔	✔	✔	
NM			✔	✔		✔	Newly funded (Part H) Family Involvement Project
NY		✔	✔			✔	
NC	✔	✔	✔	✔		✔	Through central directory
ND	✔		✔			✔	
OH	✔		✔		✔	✔	
OK	✔	✔	✔	✔		✔	
OR						✔	
PW	✔		✔	✔		✔	
RI	✔		✔	✔		✔	
SC	✔		✔	✔			
TN			✔			✔	
TX	✔	✔	✔	✔		✔	
UT			✔	✔		✔	
VT	✔	✔	✔		✔	✔	Solicitation by parent network and information distributed by regional teams
VA			✔	✔		✔	
WA	✔	✔		✔	✔	✔	
WV	✔	✔	✔	✔		✔	
WI			✔				Nomination by Part H staff and ICC members.
WY			✔	✔		✔	

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Parent Participation, *continued*

4. **The following strategies for recruiting parents were reported to be especially successful by states responding to the survey:**

Strategies of Note to Recruit Parent SICC Members	N	State
Recruit through local interagency councils	6	GA, ID, MD, MN, NE, and SC
Communicate with local service providers and early intervention programs	5	AK, GA, NC, ND, and UT
Recruit through statewide parent organizations, parent networks, and leadership projects	5	MA, NC, ND, SC, and TX
Disseminate announcements and applications for nomination	2	GA and OK
Recruit through family forums and other meetings or trainings	2	DE and PW
Personally contact parents prior to nomination	1	VT
Use the Part H-funded Family Involvement Project	1	NM

5. **The following 10 states feel that the parent's role on the SICC is different from an agency representative's role:**

   CT, DE, IL, LA, MS, OR, TN, UT, VT, and WI.

   Several of these states indicate that parent members act as the "group conscience" and are able to speak more freely to address politically sensitive issues. Their experience and expertise are unique, and they provide the consumer perspective on effective services and practices. They help the SICC focus on needs of families. Parent representatives also may wear "different hats," such as those agency representatives or service providers who also are parents of children with disabilities.

Editor's Summary of Respondents' Comments on Parent Participation:

Additional comments on parent participation indicate that, from a national perspective, SICCs are at different levels in learning how to work with parents. While some SICCs continue to be challenged to maintain adequate and diverse parent representation and involvement, others report parents as being among their most involved and productive members:

- With adequate supports (such as training; mentoring; reimbursement for expenses, time, and child care; flexible meeting schedules; and using a variety of communication strategies) parents often are the most informed and active SICC members especially in committee and small group work (GU, MA. MN, NJ, and ND).
- Parents increasingly are assuming leadership positions as chairs and co-chairs on many councils and serving on executive and steering committees as well as other SICC committees and task forces (DE, KY, MN, NE, NC, OK, RI, SC, WV, and WY).

Strategies for Outreach to Underserved Populations

1. **The following 35 SICCs have successfully recruited representatives of underserved populations to serve on or participate in the following roles:**

State (*N*=35)	Officially Appointed SICC (*N*=31)	SICC Committee (*N*=27)	SICC Task Force (*N*=18)	Other SICC Activities
AK	✔	✔		
CA	✔	✔		
CT	✔			
DE		✔		
FL	✔			
GA	✔	✔	✔	
GU		✔	✔	
HI	✔	✔	✔	
ID	✔	✔		
IA	✔			
KS	✔		✔	
KY	✔	✔		
MD	✔			
MA	✔	✔	✔	Participation in state and national conferences
MN	✔	✔	✔	
MO				Participation in local/regional councils
NE	✔	✔	✔	
NV	✔	✔	✔	Public awareness activities
NJ	✔	✔	✔	
NM	✔	✔		
NC	✔	✔		
ND	✔	✔		
OH	✔	✔		
OK	✔	✔	✔	Participation in state and national conferences. Provides stipends to statewide annual conference as incentive to Head Start and child care providers.
OR	✔			
PW	✔	✔	✔	
RI		✔	✔	
SC	✔	✔	✔	
TN	✔	✔	✔	Participation in local/regional councils
TX	✔			
UT	✔	✔	✔	Special reports and presentations to SICC
VA	✔	✔	✔	
WA	✔	✔	✔	
WI	✔	✔	✔	
WY	✔	✔		

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Strategies for Outreach to Underserved Populations, *continued*

2. SICCs reported several successful strategies to recruit representatives of underserved populations. These included:

Strategies of Note to Recruit Representatives of Underserved Populations	*N*	State
Collaborate with other agencies	5	GA, HI, NV, UT (Governor's Council for People with Disabilities, Migrant Head Start, homeless programs), and NJ (Office of Hispanic Exceptional)
Contact EI programs; reach out to involved parents and parent network	4	MA, ND, TX, and WI
Conduct Partners in Policy Making classes in underserved communities	2	AK and TX
Hold meetings on Indian reservations and in other communities	2	WI and WY
Use conference calls or video-conferences rather than written response or meetings at the state agency	2	NE and DE
Directly contact representatives of underserved populations	1	FL
Go to local communities, both urban and rural; provide translated materials; encourage community presentations at meetings; develop annual outreach plans	1	CA
Have SICC parent members representative of low-incidence disabilities, such as vision/hearing impairments	1	RI
Hold an invitational conference on cultural diversity and best practice	1	NC
Include counties (24) in development of cultural diversity manual	1	WI
Network and recruit with multicultural organizations	1	MN
Nominate underrepresented groups for membership	1	KY
Offer specific information and education, make reminder calls, personal interaction, identify common interests and concerns	1	GU
Publish (the Part H lead agency) materials in Spanish. Develop (Child Find Task Force with the lead agency) radio spots targeting rural populations	1	SC
Recruit active parents in underserved areas through family forums	1	DE
Recruit from all parts of the state, including rural and minority populations, and especially parents who have been through the EI system	1	SC
Recruit representatives through the Family Involvement Project	1	NM
Require local/regional planning teams to address issues related to underserved populations and to have members on their teams	1	NE
Update child find video to reflect greater diversity	1	WI

SICC Structure and Organization

See Sec. 303.670 Use of existing councils

1. **The following 21 SICCs grew out of a council established under the former state planning grant (under P.L. 98-199, Amendments to the Education of the Handicapped Act) or under another initiative:**

   CA, CT, GU, ID, KS, LA, MA, MS, MO, NJ, NY, NC, ND, OK, OR, PW, RI, TX, VT, VA, and WV

2. **The specific age focus of the SICCs are as follows:**

Birth Through 2 (*N* = 30)	Birth Through 5 (*N* = 11)	Birth Through 21 (*N* = 1)
AK, CA, CT, FL, GA, GU, ID, IL, IN, IA, KY, LA, MD, MA, MS, MO, NE, NV, NJ, NM, NY, OK*, RI, SC, TX, UT, VA, WA, WV, and WI	DE HI, KS, MN, NC, ND, OH, OR, TN, VT, and WY	PW

* Oklahoma's mission statement specifies a birth through 5 focus with advise and assist responsibility regarding transition and provision of appropriate services. However, the SICC's focus centers on birth through 2.

3. **SICCs report the following frequency of meetings of the entire ICC membership:**

Frequency of SICC Meetings			
Monthly (*N* = 4)	**Bimonthly**[1] (*N* = 11)	**Quarterly** (*N* = 24)	**Other** (*N* = 3)
AK, KS, OR, and PW	CA, GA, GU, ID, IL, IA, KY, MN, OH, UT[2], and WV	CT, DE, FL, HI, IN, LA, MS, MO, NE, NV, NM, NY, NC, ND, OK, RI, SC, TN, TX, VT, VA, WA, WI, and WY	5 times per year: MA[3] and NJ 8 times per year: MD[4]

[1] Every other month or 6 times a year
[2] UT: executive committee meets 5 times a year
[3] MA: plus 2-day retreat
[4] MD: in process of changing to bimonthly

4. **The following 18 SICCs have a regularly scheduled retreat:**

   AK, CA, GU, IN, KY, MD, MA, MN, NE, NJ, NM, NC, OH, OK, OR, RI, UT, and WV

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SICC Structure and Organization, *continued*

5. In addition to regularly scheduled meetings, SICCs conduct business in the following ways:

State (N=42)	Additional Meetings (N=30)	Conference Calls (N=29)	Electronic Mail (N=14)	Interactive TV (N=6)	Fax/ Phone (N=7)	Mail Survey (N=18)	Through Committees (N=14)
AK	✔	✔					
CA	✔	✔	✔			✔	
CT	✔						✔
DE	✔	✔					
FL	✔	✔	✔		✔		
GA		✔	✔	✔	✔		✔
GU	✔	✔					✔
HI	✔						
ID	✔	✔					
IL	✔	✔		✔			✔
IA		✔					
IN	✔		✔			✔	
KS	✔	✔		✔		✔	
KY		✔	✔			✔	
LA							✔
MD	✔					✔	
MA	✔	✔				✔	✔
MN	✔	✔	✔	✔	✔	✔	✔
MS	✔					✔	
MO	✔						
NE	✔	✔	✔		✔	✔	
NV		✔					
NJ	✔	✔				✔	
NM	✔	✔					
NY	✔	✔					✔
NC	✔	✔	✔		✔	✔	✔
ND	✔	✔	✔	✔		✔	
OH		✔					✔
OK	✔						✔
OR			✔		✔	✔	
PW	✔						
RI	✔				✔	✔	✔
SC	✔		✔				
TN						✔	
TX		✔					✔
UT		✔				✔	
VT	✔	✔	✔	✔		✔	
VA	✔	✔					
WA	✔	✔	✔			✔	
WV	✔	✔	✔				
WI		✔					✔
WY		✔					

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6. **The following 31 SICCs have dedicated staff assigned to the Council (when available, the number of staff follows the state name in parentheses):** *(See also Sec. 303.602 Use of funds by the Council.)*

AK (1), CA (3), CT, FL (1.5), GA (2), GU, HI, ID, IL (1), IN (1), IA (4), KS (1.5), LA (1), MA, MN, MS (1), NE (1), NV, NJ (1 part-time), NM (1 half-time), NY (responsibilities shared among 4 staff), NC (2), ND (1.5), OH (1), OK (2), SC (2), TX, VA (2), WV (1), WI, and WY (1)

Other:

KY: no one staff person is assigned to ICC although various staff provide support

7. **SICC staff are housed in the following locations:**

Part H lead agency (*N*=22): CA, CT, DE, FL, GA, GU, ID, IL, IA, KS, LA, MA, MN, NE, NV, NM, NY, OH, TX, VA, WI[1], and WY

Other agency (*N*=12)**:**

- AK: SICC
- CA: Department of Health
- IN: Private consultant
- IA: Department of Human Services, Department of Public Instruction, Child Health Specialty Clinics, and Mount Plains Regional Resource Center (RRC)
- MN: Department of Health & Human Services
- MS: The Arc
- NJ: Regional Part H Collaborative, SICC pays rent
- NC: Division of Child Development
- ND: University (at SICC chair's place of employment)
- OK: Commission on Children and Youth
- SC: Governor's Office/Division of Health & Human Services
- WV: University Affiliated Center for Developmental Disabilities (UACDD)

[1] With task-specific assistance from one staff person in the Department of Public Instruction

8. **Funding for the SICC staff is provided by the following agencies:**

Part H lead agency (*N*=29): AK, CA, FL, GA, GU, ID, IL, IN, IA, KY, LA, MA, MN, MS, NE, NV, NJ (from the ICC budget), NM, NY, NC, ND, OH, OK, SC, TX, VA, WV, WI, and WY

Multiple agencies (*N*=1): KS

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9. SICC staff provide the following services to the SICC:

Service	*N*	State
Provide clerical support with minutes, agenda, notices, mailings, dissemination of information and materials	25	CA, CT, DE, GA, GU, ID, IN, KS, KY, LA, MA, MN, MS, NE, NJ, NM, NY, NC, ND, SC, TX, VA, WV, WI, and WY
Support and coordinate travel, meeting/retreat schedules and arrangements, conference calls, and other SICC activities	18	CA, FL, GA, IN, KS, KY, LA, MA, MN, NE, NJ, NY, NC, ND, OH, SC, TX, and WI
Facilitate communication among SICC members, agencies, SICC Committees, SICC and local councils, legislature, Governor's office	8	GA, KS, LA, NC, OH, OK, SC, and TX
Conduct research, collect and analyze data, gather and disseminate information for SICC	7	AK, GA, LA, OH, MN, SC, and WI
Prepare reports	6	AK, GA, NC, OK, SC, and WI
Assist with statewide legislative/public awareness events	5	GA, MO, NE, NC, and SC
Provide technical assistance to local ICCs	5	GA, KS, MN, MO, and NC
Prepare annual report to the Governor	4	GA, NC, OK, and WI
Represent SICC at state and national meetings	4	GA, KS, NC, and SC
Orient new members	3	AK, GA, and MN
Prepare Governor appointment package for SICC	3	GA, NC, and SC
Provide technical assistance	3	IA, MN, and NC
Prepare news articles	2	NC and SC
Coordinate (proposed) parent network	1	MO
Monitor transition and child find status in each area	1	SC
Update committee resources and action plans	1	SC

10. The agenda for SICC meetings is developed by the following:

State (*N*=42)	SICC Meeting Agenda Developed By:				
	Lead Agency (*N*=23)	SICC Chair (*N*=36)	SICC Staff (*N*=18)	SICC Committee (*N*=17)	Other
AK		✔	✔		
CA		✔	✔	✔	
CT	✔	✔			
DE					
FL		✔		✔	
GA	✔	✔	✔	✔	
GU		✔	✔		
HI	✔	✔			
ID	✔	✔		✔	
IL	✔	✔	✔	✔	
IA				✔	
IN	✔	✔			
KS		✔	✔		
KY		✔		✔	
LA			✔	✔	
MD	✔	✔	✔		
MA			✔	✔	
MN		✔	✔	✔	
MS		✔		✔	
MO	✔	✔			
NE				✔	
NV		✔	✔		
NJ	✔	✔			
NM	✔	✔		✔	
NY					
NC	✔	✔	✔		Part B lead agency
ND		✔	✔		
OH	✔	✔	✔		
OK	✔	✔	✔		
OR		✔			
PW		✔			
RI	✔	✔			
SC	✔	✔			
TN	✔	✔			
TX	✔	✔			
UT	✔	✔			
VT	✔	✔		✔	
VA	✔	✔	✔	✔	
WA	✔	✔	✔	✔	
WV	✔	✔	✔		
WI	✔	✔		✔	
WY		✔			Input from lead agency and committee chairs

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SICC Structure and Organization, *continued*

11. The following SICC task forces or committees were identified by the states responding to the survey:

SICC Task Forces or Committees	*N*	State
Personnel/training/technical assistance	25	GA, GU, HI, ID, IL, IN, KS, KY, LA, MD, MA, MS, NE, NJ, NM, NC, ND, OH, OK, TX, VT, VA, WV, WI, and WY
Finance/data collection	16	GA, IL, IN, KS, KY, LA, MD, MA, NJ, NM, OH, OK, RI, VT, WA, and WI
Executive/steering	15	AK, DE, GA, GU, HI, ID, LA, MD, MA, MN, NM, NC, TX, VT, and WI
Family	15	AK, CA, HI, IL, IN, KY, MD, MA, NE, ND, OH, OK, PW, VA, and WY
Public awareness/advocacy	15	CA, DE, GA, ID, IL, LA, MA, MS, NC, OK, RI, VA, WV, WI, and WY
Monitoring/evaluation/quality assurance/data collection	14	CA, CT, IN, KY, MA, MO, NJ, ND, OK, OR, RI, WA, WV, and WI
Services/service delivery models/systems	13	DE, GA, IL, KS, KY, MD, MO, NJ, NM, RI, TX, VA, and WA
Nominating/membership	9	ID, GA, KY, LA, MA, NJ, NM, NC, and OK
Legislation/government	8	ID, MD, MN, MO, NE, NC, OR, and WA
Interagency collaboration/interagency agreements	7	DE, IN, NY, ND, PW, TX, and WY
Child find/early identification	6	GU, NM, ND, TX, WV, and WI
Local/regional councils	6	GA, KY, LA, NC, OR, and VT
Mental health/health/managed care	6	AK, CA, DE, MO, OH, and NC
Transition	5	MS, NM, NC, OH, and VT
IFSP/screening/assessment	4	KY, MA, ND, and OH
Cultural diversity	3	MD, NC, and WI
Policy/bylaws	3	MD, NJ, and WI
Service coordination	3	NM, OH, and OR
Standards/regulations	3	IN, MA, and NY
Transportation	2	MA and NC

Other:

- Children and families (evaluation) (NC)
- Civil rights/legal (AK)
- Communication (MN)
- Inclusion (PW)
- Low incidence disabilities (MA)
- New member orientation (UT)
- Procedural safeguards (KY)
- Program implementation (ID)
- Program planning (MA)
- Public relations (CT)
- Reimbursement advisory (NY)
- Service integration (UT)
- Special education (AK)
- Specialized therapies (NC)
- State administrative functions (KS)

12. Annual work plans are developed by the following SICCs and their committees and task forces:

SICC (*N*=30): AK, CA, FL, GA, GU, ID, IL, KY, MD, MA, MN, MS, MO, NE, NJ, NM, NC, ND, OH, OK, OR, RI, SC, TN, UT, VT, WA, WV, WI, and WY

Committees (*N*=27): AK, CA, DE, FL, GA, ID, IL, KY, MD, MA, MN, MS, MO, NJ, NM, NC, ND, OH, OK, RI, SC, TX, UT, VT, WV, WI, and WY

Task Forces (*N*=14): DE, GA, ID, MD, MA, MS, NE, NJ, NC, OK, PW, RI, SC, and UT

13. **The following 26 SICCs develop long-term goals, many of which support or facilitate the long-term goals of the state early intervention program:**

    AK, CA, DE, FL, GU, IL, IA, KS, KY, MD, MA, MN, NE, NJ, NM, NC, ND, OH, OK, OR, SC, UT, VT, WV, WI, and WY

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Roles and Functions

See Secs. 303.650-654 Functions of the Council

1. SICCs were asked to rank the five most important functions of their role of advising and assisting the lead agency. The folowing functions were ranked among the top five:

Primary Functions of SICC	*N*	State
Develop and implement policy	26	DE, FL, GA, GU, HI, ID, IL, IN, KY, MD, MA, MS, NE, NV, NJ, NM, ND, OH, OK, PW, RI, SC, TN, TX, UT, and VA
Represent constituencies	24	CA, GU, HI, ID, IN, KS, KY, LA, MN, MS, MO, NE, NV, NJ, NM, NY, OH, OR, PW, VT, VA, WA, WV, and WI
Evaluate effectiveness of policies and programs	22	AK, CA, CT, FL, GU, ID, IL, KS, LA, MA, MN, MO, NJ, NC, ND, PW, RI, SC, TN, TX, WA, and WI
Ensure a seamless, birth-through-5 system	21	AK, CA, CT, DE, GU, HI, ID, IL, KY, MN, NV, NM, NC, OH, OK, OR, SC, TN, TX, WV, and WY
Prepare the annual report to the governor[1]	21	AK, CT, DE, GA, GU, ID, IN, KY, MN, MO, NE, NV, NJ, NM, NY, OH, RI, TN, VA, WI, and WY
Assist in developing the state Part H program budget	19	CT, DE, FL, GU, ID, IL, KS, LA, MD, MA, NE, NJ, NM, OH, OK, VA, WA, WV, and WY
Monitor program quality and consumer satisfaction	19	AK, CA, CT, GU, ID, IN, KS, LA, MD, MO, NV, NM, ND, PW, RI, TN, TX, WI, and WY
Develop and monitor interagency agreements	14	GA, GU, ID, IL, LA, MD, MA, NM, NC, ND, OK, RI, SC, and WV
Assist locals with policy implementation	10	GU, ID, KS, MD, MN, MS, NE, NM, SC, and VA
Fund projects, studies, pilots and/or programs	10	AK, FL, HI, ID, MA, NM, NC, WA, WI, and WY
Administer the Part H grant	8	FL, GA, GU, HI, IN, MD, ND, and PW
Generate more public, private, and/or local funding	5	CA, DE, ID, MO, and WV
Resolve state-level interagency disputes	5	CA, GA, ID, OK, and VT
Oversee local ICCs	2	ID and SC
Other:		
Advise on development of policies, procedures, and regulations (NY)		Implement public awareness strategies (NV) Provide input on program implementation (KY)

[1] For Wisconsin: *Approve* the annual report to the governor

2. The respondents indicated that their SICC's primary role has changed during the past 10 years in several ways.

- Many said that initially the role of the SICC was focused on planning and statewide system development. Now, the SICCs are involved with the major issues related to ensuring implementation. They have moved from policy planning to monitoring, ensuring quality, planning for service expansion and refining the system, ongoing financing and coordination of the system (CA, DE, FL, HI, IL, KY, LA, MD, MS, NE, NV, NJ, NY, NC, OK, TN, UT, VT, and VA).
- Some SICCs are formalizing the roles and responsibilities of local/regional coordinating councils (MN and NE).
- South Carolina identified greatly expanded parent participation as being a major change over the years.

3. SICCs indicated several ways that they have been involved in generating more public, private, and local funding for Part H.

SICC Efforts to Generate Funding for Part H	*N*	State
Use advocacy, public awareness activities, and/or parent leadership to generate and/or maintain level of state funding	18	AK, CA, GA, ID, KY, MA, NJ, NM, NC, OR, PW, RI, UT, VT, VA, WV, WI, and WY
Assist local communities in efforts to obtain local revenue and resources	8	CA, GU, ID, KS, MO, NE, TX, and VA
Facilitate collaborative funding efforts	4	GA, MD, NC, and ND
Assign SICC committees and task forces to develop strategies for generating funding	2	MN and VA
Maximize use of Medicaid	2	MA and NJ
Use interagency budget requests and funding plan	2	OK and SC
Influence funding through legislative representative on the SICC	1	TN
Involve private insurance	1	SC
Participate in fiscal study	1	MN
Pass legislation to fund service coordination	1	NE

4. SICCs have had a significant role in influencing state legislation in the following ways:

SICC Role in Influencing State Legislation	*N*	State
Provide information and comments to legislators	17	CA, DE, FL, GA, ID, KS, MD, MA, MN, NC, ND, OK, VT, VA, WA, WV, and WI
Use public awareness, advocacy, and/or parent leadership (including publications/materials, videotapes, brochures, displays, grassroots campaigns, etc.)	13	AK, CT, GA, ID, KY, MD, MN, NE, NV, NM, NC, ND, and WY
Assist with drafting and/or passing state enabling legislation	8	IL, NE, NY, NC, OK, OR, TN, and TX
Distribute legislative information to SICC and other constituents	6	DE, GA, KS, MN, NC, and VA
Identify participants for hearings/testifying	6	CT, KS, MD, NE, NC, and ND
Hold forum with legislators or meets with governor	5	CT, DE, NV, NC, and TX
Influence legislation through legislative representative on the SICC	4	GU, LA, TN, and TX
Influence passage of Medicaid plan	2	MA and NJ
Other: Coordinate interagency appropriation request through legislative process (OK)		Work to get Governor's proclamation for day of the child and resolution related to care for young children and their families (ND)

5. Roles that the SICC has played in addressing personnel issues, such as shortages within specific disciplines and certification and credentialing, are described below:

SICC Roles in Addressing Personnel Issues	*N*	State
Address certification/credentialing issues	16	AK, GA, KY, LA, MA, NV, NJ, NM, NC, ND, OH, OR, SC, TX, VA, and WV
Advise on personnel shortages	7	GA, GU, IL, MD, NC, SC, and VA
Work closely with universities/higher education consortium	6	GA, IL, MD, NC, OK, and WI
Address issues of paraprofessional standards and credentialing	4	GA, LA, MA, and NC
Influence specific recruitment activities	4	KY, NV, NM, and NC

Other:

- Assist in development of curricula for paraprofessional programs (ID)
- Assist in reviewing portfolios and updating policies (WV)
- Hold annual institute on personnel development (ND)
- Investigate certification, especially for service coordinators (NJ)
- Promote cross-disciplinary training grants (ID)
- Support cost of living increases (AK)
- Track and target training (TN)
- Work with lead agency in developing an incentive grant program for PT and OT programs (NC)
- Write (CSPD committee) a 18-hour curriculum to be used for credentialing EI personnel (OH)

6. SICCs have played roles in facilitating transition and creating a seamless, birth through 5 system as follows: *(See also Sec. 303.653 Transitional services.)*

SICC Role in Facilitating Transition and Creating Seamless System	*N*	State
Establish SICC committee or task force to work on transition	8	CA, KS, LA, NJ, NC, OH, TX, and VA
Participate in policy development and training	8	KY, NM, NC, OK, SC, TN, WV[1], and WY
Develop state and/or local interagency agreements related to transition	5	DE, ID, MA, NV, and UT
Focus on birth to 5 population	4	KS, MN, NE, and NC
Support Project STEPS implementation at local level	4	DE, GA, NC, and OH
Provide funding for transition training	3	KS, KY, and SC

Other:

- Advocate for legislation to promotes a seamless system (OR)
- Develop best practice manual with state department of education (NM)
- Develop transition manuals (TX)
- Develop transition process at 3 years and at 5 (ND)
- Encourage use of IFSP for children birth through 5 years (MN)
- Interact with preschools, Head Start, and other agencies that work with the birth through 5 population (AK)
- Sponsor parent focus groups for best practices on transition and disseminated findings (ID)

[1] WV trains 55 early childhood transition teams statewide through Operation TADPOLE

7. There have been many ways in which states' early intervention system have benefited from SICC activities. Some of the benefits cited by respondents are listed below:

- Creation of local ICCs (IL);
- Development of interagency agreements and maintained collaboration (DE, ND, and TN);
- Development of major policies and components of the service delivery system (KY, LA, NV, ND, and WV);
- Diverse groups are brought together for training and broad coalitions are formed for advocacy (OK);
- Emphasis on keeping services family focused (GU, NC, RI, and WA);
- Establishment of a forum for the discussion of sensitive issues (CA and NY);
- Formation of a supporting parents' network (NE);
- Greater advocacy (GA and HI);
- Greater parent participation (GA, NC, and ND);
- Helped define best practice for local programs (UT);
- Identification of unmet needs, barriers, and solutions (CA and MO);
- Improved collaboration with colleges and universities (GA);
- Improved coordination of services (MN, and NC);
- Improved transition (DE, NC, and TX);
- Increased number of children served (NJ);
- Increased number of natural settings (AK, NJ, and TX);
- Increased outreach to all families (CT, DE, and ND);
- Influenced coordination of services for birth through 22 (MN);
- Legislation enabled due to successful advocacy (AK, KY, LA, MN, NC, and OR);
- Ongoing and regular review and necessary adjustment of service delivery system now are allowed (OK);
- Parents and a variety of professionals, providers, and agencies are brought together (AK, LA, MA, MO, NE, and WY);
- Promotion of program visibility resulting in recognition and respect for program as a collaborative model (CT, ID, MN, NC, OK, and WA);
- Reduced duplication for families ((NJ);
- Rules and regulations shaped that will ensure high quality services (NY and OH);
- State funding increased due to successful advocacy (DE, ID, KY, NE, OK, RI, and WV);
- Statewide communication (MA and NV);
- Stronger Coordinated System of Personnel Development (CSPD) and technical assistance (GA, GU, ND, UT);
- Uniformity of statewide system (OK).

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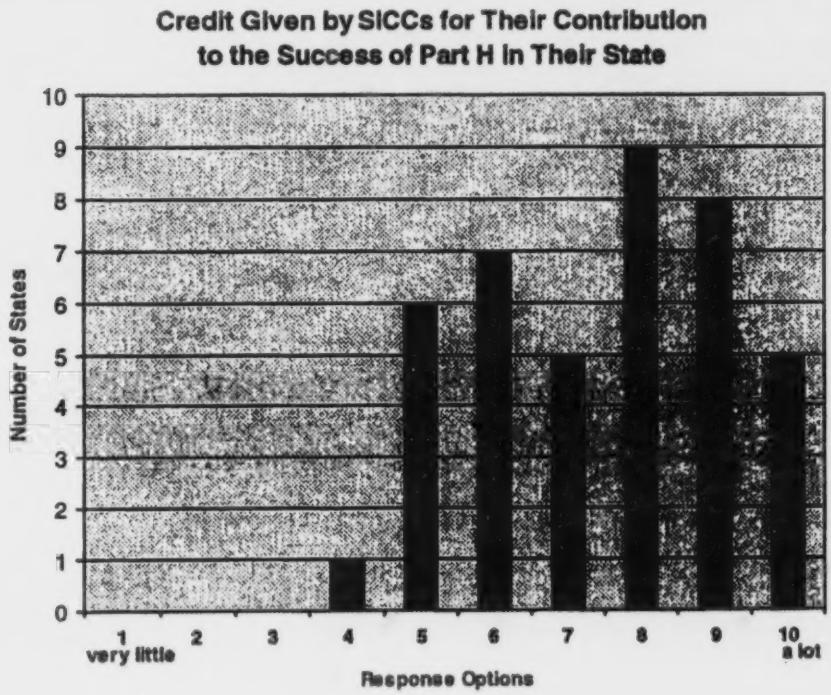
8. **The following figure depicts how respondents credit their SICC for the success of Part H in their state (on a scale from 1, very little, to 10, a lot):**



9. SICCs identified the following as the burning issues which they faced in 1996:

Burning Issues	*N*	State
Funding/Medicaid/managed care	26	CT, FL, GA, HI, IN, KS, LA, MA, MN, NE, NV, NJ, NM, NY, ND, OH, OK, RI, SC, TN, TX, UT, WA, WV, WI, and WY
Communication with regional/local ICCs	9	CT, GA, KS, KY, LA, MN, NC, VT, and WA
Personnel development issues	8	CT, GA, GU, IN, LA, MO, TN, and WA
Transition	6	AK, CA, GA, KS, NC, and VT
Program evaluation	5	CT, NE, NJ, NY, and WI
Maintaining collaborative partnerships	4	GA, IN, NM, and OH
Data quality, accountability	3	CT, MN, and RI
Services for children at risk	3	MA, MN, and UT
Service coordination	3	ID, OH, and TN
Active parent participation	2	KY and TX
Inclusion	2	HI and WA
Legislative/public awareness of program	2	MO and NC
Revising interagency agreements	2	LA and OH
Service guidelines	2	NY and WI

Other ICC-related issues:

- Appointment/reappointments to the Council by the Governor (CT)
- Becoming a more pro-active council (ID)
- Burnout and level of contributions other than through committees and task forces (too much change) (VA)
- Changing role of ICC from planning to oversight (ID)
- Decision making and role of the ICC (VT)
- Orientation and training (VT)
- Membership (NM)

Other broader Part H-related issues:

- Availability of specialized therapies (NC)
- Changes in other federal programs (WV)
- Continued family focus (ND)
- Definition of early intervention (WV)
- Eligibility criteria (WV)
- Mental health services for infants (HI)
- Natural environments (NJ)
- Parents finding their voices (VT)
- Quality issues (VT)
- System point of entry in each county (IN)
- Systems reform and impact of change in many realms on Part H services (VA)
- Underrepresented populations (CA)

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Local or Regional ICCs

1. The following states have local or regional interagency coordinating councils:

State (N=31)	No. of Local/Reg Councils	Age Focus				Geographic Areas Served			Comments
		Birth thru 2 (N=14)	Birth thru 5 (N=10)	Birth thru 21 (N=2)	Varies (N=6)	One County (N=4)	Multi-County (N=8)	Mixed (N=17)	
CA	Unknown*							✔	* State doesn't monitor or count.
CT	9 to 13		✔					✔*	*Self-defined
GA	35	✔	✔					✔	
ID	7	✔					✔		
IL	45				✔			✔*	*Self-defined
IN	92				✔	✔			
IA	15	✔					✔		
KS	36				✔			✔	
KY	15	✔					✔		
LA	8	✔					✔*		*Governor's education districts
MD	24	✔				✔			
MN	104				✔				
MS	9		✔				✔		
MO	10 to 15	✔					✔	✔	
NE	29		✔					✔	
NJ	6*	✔					✔		*Regional collaboratives
NY	50	✔						✔*	*New York City is one area
NC	89		✔					✔	
OH	88		✔			✔			
OK	11*								*Early intervention is represented on regional advisory boards for all children with disabilities
OR	34		✔					✔*	*Includes Indian reservation
PW				✔		✔			
SC	13	✔	✔					✔*	*Coincides with 13 health districts
TN	9	✔					✔		
UT	Unknown			✔*				✔	*Often youth & custody focus
VT	12				✔			✔	
VA	40	✔						✔	
WA	38	✔						✔	
WV		✔* (Parent Advisory Councils)	✔* (TAD-POLE Teams)						*Not formal LICCs; however, each EI program has a parent advisory board and local TADPOLE Transition Teams are in each of the 55 counties.
WI	50				✔			✔	
WY	22		✔					✔	

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2. The structure and membership of the local/regional councils are similar to that of the SICC or are unique to localities:

Similar to SICC *(N=18):* GA, IA, KY, LA, MD, MN, MS, MO, NE, NJ[1], NY, NC, OH, OR, VT, VA, WA, and WY

Unique to localities *(N=10):* CA[2], CT[3], IL[4], IN[5], KS, SC, TN, UT, WV, and WI

[1] NJ: Required to have 50% parents
[2] CA: Local ICCs usually consist of special education, regional centers, family resource centers, parents, California Children's Services, etc.
[3] CT: Different representation
[4] IL: All players encouraged to participate
[5] IN: Some function similarly to SICC; others are combined with local STEP Ahead Councils

3. The primary roles and functions of these local and regional councils are:

State (N=28)	Advocacy (N=17)	Client Program Planning (N=7)	Information Sharing (N=23)	Intake & Referral (N=6)	Input to SICC (N=17)	Public Awareness (N=20)	Service Coordination (N=14)	Services Planning & Devel. (N=20)	Staff Devel. & Training (N=11)	Transition Planning (N=13)
CT			✔		✔	✔	✔	✔	✔	✔
GA	✔	✔	✔		✔	✔	✔	✔	✔	✔
ID	✔		✔		✔	✔		✔		
IL	✔				✔	✔	✔	✔		
IN	✔		✔			✔		✔	✔	
KS		✔	✔			✔	✔	✔		
KY			✔		✔		✔	✔		✔
LA (1)			✔		✔	✔			✔	
MD			✔							
MN			✔	✔ (2)	✔	✔	✔ (2)	✔		
MS	✔			✔	✔	✔	✔			
MO	✔		✔		✔	✔				✔
NE	✔		✔		✔	✔		✔		
NJ	✔		✔			✔		✔	✔	✔
NY (3)						✔		✔		✔
NC	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
OH			✔	✔		✔	✔	✔	✔	✔
OR (4)	✔		✔				✔			
PW	✔				✔			✔	✔	✔
SC	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
TN		✔	✔		✔					
UT	✔		✔			✔	✔	✔		
VT	Varies by region; LICCs perform all of these roles and functions to some extent.									
VA (5)	✔		✔		✔			✔		
WA	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
WV		✔	✔				✔	✔	✔	✔
WI (6)	✔		✔			✔		✔		
WY	✔		✔		✔	✔				✔

[1] LA: Interagency problem solving
[2] MN: Oversight
[3] NY: Advise and assist program implementation
[4] OR: Contractor selection, procedures for local resolution of disputes
[5] VA: Developing local interagency agreements; Local councils have full responsibility for determining what agencies' roles are in implementing services and local system components
[6] WI: Local resource development

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[illegible]

Local or Regional ICCs, *continued*

4. SICCs provide the following support to local and regional councils:

State (*N*=27)	Financial Support (*N*=19)	Structure & Guidelines (*N*=16)	TA & Training (*N*=24)	Other
CT	✔	✔	✔*	* Position being developed
GA	✔	✔	✔	
ID		✔	✔	Support attendance of regional committee chairs at SICC meetings; clerical support financed by state allocation
IL	✔	✔	✔	
IN	✔	✔	✔	
KS	✔		✔	
KY	✔		✔	
LA			✔	
MD		✔	✔	
MN	✔	✔	✔	
MS			✔	
MO	✔	✔	✔	
NE	✔	✔	✔	
NJ	✔			
NY	✔	✔	✔	
NC	✔	✔	✔*	* Holds regional forums annually
OH	✔			
OR		✔	✔*	* Convenes annual meeting for LICCs with SICC
PW	✔		✔	
SC	✔	✔	✔	
TN	✔	✔	✔	
VT	✔	✔	✔	Requests input for system change
VA	✔		✔	Funding through noncompetitive contracts
WA				Communication regarding Part H lead agency guidelines and activities
WV			✔	No formal structure
WI		✔	✔	
WY	✔		✔	Financial support per RFP

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5. States identified the following strategies used to enhance communication between the SICC and local and regional councils:

State (*N*=29)	Strategies for Communication Between SICC and Local/Regional Councils						
	Electronic Mail (*N*=6)	Liaison Personnel (*N*=16)	Newsletters (*N*=14)	Regional Meetings or Forums (*N*=14)	Local Council Reports at SICC Meeting (*N*=19)	Rotating SICC Meeting Sites (*N*=9)	Other
CT		✔		✔	✔		
GA	✔	✔		✔	✔	✔	
ID	✔		✔		✔		
IL		✔		✔			
IN							
IA		✔			✔		
KS		✔		✔	✔		Notification of and minutes of SICC meetings
KY		✔					
LA				✔	✔		
MD				✔			
MN			✔	✔	✔	✔	Statewide meeting
MS			✔		✔		
MO		✔	✔		✔		
NE	✔	✔	✔	✔	✔		
NJ			✔		✔		
NY							Notification and minutes of SICC meetings
NC	✔	✔	✔	✔	✔	✔	Teleconference
OH		✔				✔	
OR		✔					Biennial survey of LICCs and annual retreat for LICCs with SICC
PW			✔		✔	✔	
SC		✔	✔		✔		
TN	✔	✔	✔	✔			
UT		✔			✔		
VT		(1)	✔	✔	✔	✔	
VA		✔	✔	✔	✔		
WA		✔	✔	✔	✔	✔	
WV	✔						
WI				✔		✔	Develop materials or guidelines for dissemination
WY			✔		✔	✔	

[1] Under consideration

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6. Local councils provide the following support to help parents participate on local councils:

State (N=27)	Support for Parent Participation on LICCs								
	Expenses Paid (N=17)	Travel Paid (N=17)	Child Care Paid (N=16)	Participation Fee Paid (N=9)	Mentoring (N=11)	Retreats for Parents (N=2)	Workshops/ Orientation for Parents (N=11)	Written Manual for Parents (N=3)	Other
CT									Varies by local councils
GA									Varies by local councils
ID	✔	✔							
IN									Varies by local councils
IA	✔	✔	✔	✔					
KS									Varies by local councils
KY	✔	✔	✔						
LA	✔	✔	✔				✔		
MD	✔	✔	✔		✔		✔	✔	
MN	✔	✔	✔	✔	✔	✔	✔	✔	Varies by local councils
MS							✔		
MO					✔				
NE	✔	✔	✔	✔		✔	✔		
NJ	✔	✔	✔		✔				Varies by local councils
NY									Varies by local councils
NC	✔	✔	✔	✔	✔		✔		
OH	✔	✔	✔	✔	✔		✔		Varies by local councils
PW	✔	✔	✔				✔	✔	
SC	✔	✔	✔		✔		✔		
TN	✔	✔	✔		✔		✔		
UT					✔				
VT	✔	✔	✔	✔					
VA									Varies by local councils
WA	✔	✔	✔	✔					Parent executive committees
WV	✔	✔	✔	✔					Varies by local councils
WI	✔	✔	✔	✔	✔				Varies by local councils
WY					✔		✔		

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Editor's Summary of Respondents' Comments on Local or Regional ICCs:

Many states have a regional or local interagency council system that has various relationships with the SICC and the Part H lead agency.

- Some states, due to their size and other means of regional representation and communication, have not identified a need to have formalized local councils (MA, for example).
- In other states, LICCs are defined by statute (OR, for example).
- Some of the states that have local councils feel that the LICCs are a sound infrastructure component of the early intervention system and address the real work of implementing early intervention community by community (ID, IL, NJ, and VA).
- Similar to the experiences of many SICCs when Part H was fully implemented, local councils are redefining their roles and functions under full implementation. Some states indicated that this has resulted in increased needs for training local councils for the transition from planning to full implementation (LA, MN, and VT).

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SICC Documents Available to Share With Other SICCs[1]

State	SICC Documents			
	Bylaws	Mission Statement	Orientation Manual	Procedure Manual
AK	✔	✔	✔	
CA	✔	✔	✔	
CT		✔		✔
DE	✔		✔	
GA	✔	✔	✔ (2)	
IN		✔	In process	In process
IA		✔		
KS		✔	✔	
LA		✔	✔	
MD		✔	✔	✔
MN		✔		
NE	✔	✔		
NJ	✔	✔		
NM		✔		
NY		✔	✔	
NC	✔	✔	✔	
ND	✔	✔ (3)		
OH		✔	✔	
OK	✔	✔	✔	
OR	✔	✔	✔ (4)	
RI	✔		✔ (5)	
SC		✔	✔	
TX	✔	✔		
UT		✔	✔	
VT		Under revision	✔	✔
WA		✔	✔	
WI	✔	✔	✔	✔
WY			✔	✔

1 Please contact the appropriate SICC chair (*see appendix B*) for more information about the availability of the listed materials.

2 New member

3 Vision Statement

4 Handbook

5 The BENTOI (Brand New Totally Overwhelmed Early Interventionist) training manual serves as the orientation manual for the Rhode Island Part H Program and its SICC.

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APPENDIX A: SICC Profile Questionnaire

Profile of State Interagency Coordinating Councils (ICCs)

Developed by NEC*TAS for the Council of ICC Chairs

Please answer each question as completely as possible.
If a response requires more space than that provided, please attach additional sheets of paper.

Composition and Membership

1. How many officially appointed members serve on your ICC? _____

2. Are there other regular participants in addition to official members? ☐ Yes ☐ No

   If yes, briefly explain their role: _____

3. How many officially appointed ICC members are representatives of the following categories: *(please specify number)*

   _____ Direct service providers
   _____ Legislators
   _____ Parents
   _____ Personnel preparation
   _____ State education agency
   _____ State health agency
   _____ State human resources/social services agency
   _____ State insurance agency
   _____ Other: *(please describe)* _____

4. How are ICC members nominated for appointment by the governor? *(please check all that apply)*

   ☐ By the governor (in D.C., by the mayor)
   ☐ By the Part H lead agency
   ☐ By the ICC
   ☐ Other: *(please describe)* _____

5. How are ICC members oriented to the ICC and Part H? *(please check all that apply)*

   ☐ Mentoring
   ☐ Orientation manual
   ☐ Other written materials
   ☐ Retreat
   ☐ Workshop
   ☐ Other: *(please describe)* _____

6. Please provide any additional comments on the composition and membership of your ICC: _____

Parent Participation

1. What special provisions are made to help parents participate? *(please check all that apply)*

   ☐ Expenses paid:
   ☐ Travel ☐ Childcare
   ☐ Fee paid for participation
   ☐ Mentoring
   ☐ Retreats for parents
   ☐ Training workshops and orientation for parents
   ☐ Written manual for parents
   ☐ Other: *(please describe)* _____

   Please comment on what has been especially helpful in your ICC's support of parent participation: _____

2. How are parent members recruited for appointment to the ICC? *(please check all that apply)*

   ☐ Announcements at meetings
   ☐ Newsletters
   ☐ Nomination by agencies or service providers
   ☐ Nomination by parent organizations
   ☐ Public notices
   ☐ Word of mouth, informal network
   ☐ Other: *(please describe)* _____

   Please comment on especially successful parent recruitment strategies: _____

Continued

Parent Participation, *continued*

3. Does a parent's role on the ICC differ from an agency representative's role? ☐ Yes ☐ No

   If yes, briefly explain their role: _____

4. Please provide any additional comments on parent participation in your ICC: _____

Strategies for Outreach to Underserved Populations

1. Has your ICC successfully recruited representatives of underserved populations to serve on or participate in:
   - ☐ The officially appointed ICC
   - ☐ ICC committees
   - ☐ ICC task forces
   - ☐ Other ICC activities: *(please describe)* _____

2. Please describe successful strategies to recruit representatives of underserved populations: _____

3. Please provide any additional comments on ICC outreach efforts to underserved populations: _____

Structure and Organization of the State ICC

1. Did the ICC grow out of a council established under the former state planning grant (under P.L. 98-199) or under another initiative? ☐ Yes ☐ No

   If yes, please describe briefly: _____

2. What is the specific age focus of the ICC?
   - ☐ Birth through 2
   - ☐ Birth through 5
   - ☐ Birth through 21
   - ☐ Other: *(please specify)* _____

3. How often does the entire ICC meet?
   - ☐ Monthly
   - ☐ Quarterly
   - ☐ Other: *(please describe)* _____

4. Does the ICC have a regularly scheduled retreat?
   ☐ Yes ☐ No

5. In addition to regularly scheduled meetings, how does your ICC conduct business? *(please check all that apply)*
   - ☐ Additional in-person meetings
   - ☐ Conference calls
   - ☐ Electronic mail
   - ☐ Interactive television
   - ☐ Mail survey or questionnaire
   - ☐ Other: *(please describe)* _____

6. Does your ICC have paid, dedicated staff? ☐ Yes ☐ No

   If yes, how many staff does it have?

   _____

   Where is this staff housed?
   - ☐ Part H lead agency
   - ☐ Other agency: *(please specify)* _____

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Who provides funds for this staff?

- ☐ Part H lead agency
- ☐ Combination of agencies
- ☐ Other: *(please specify)* _____

What services do the staff provide to the ICC? _____

7. Who develops the agenda for ICC meetings?
   - ☐ Lead agency
   - ☐ ICC Chair
   - ☐ ICC Staff
   - ☐ Other: *(please describe)* _____

8. What are the task forces/committees on your ICC? What are the purposes of these groups?

Task Force	Purpose

9. Are annual workplans developed by:

ICC?	☐ Yes	☐ No
Committees?	☐ Yes	☐ No
Task forces?	☐ Yes	☐ No

10. Does the ICC develop long-term goals?

☐ Yes ☐ No

If yes, how do they relate to the long-term goals of the early intervention program? _____

11. Check which of the following documents your ICC has and whether or not copies are available to share with other ICCs, and provide their titles:

	Have	*Available to share*
Mission statement	☐	☐
Title: _____		
Procedure manual	☐	☐
Title: _____		
Orientation manual	☐	☐
Title: _____		

12. Please provide any additional comments on the structure and organization of the ICC:

Roles and Functions

1. What are the primary functions of the ICC in its role of advising and assisting the lead agency? *(check only the top five functions)*
   - ☐ Administer the Part H grant
   - ☐ Assist in developing the state Part H program budget
   - ☐ Assist locals with policy implementation
   - ☐ Develop and implement policy
   - ☐ Develop and monitor interagency agreements
   - ☐ Ensure a seamless, birth-through-5 system
   - ☐ Evaluate effectiveness of policies and programs
   - ☐ Fund projects, studies, pilots and/or programs
   - ☐ Generate more public, private, and/or local funding
   - ☐ Monitor program quality and consumer satisfaction
   - ☐ Oversee local ICCs
   - ☐ Prepare the annual report to the Governor
   - ☐ Represent constituencies
   - ☐ Resolve state-level interagency disputes
   - ☐ Other: *(please describe)* _____

APPENDIX A:
SICC Profile Questionnaire, *continued*

Roles and Functions, *continued*

2. How has the ICC's primary role changed during the past 10 years? _____

3. What has been the ICC's role in generating more public, private, and local funding?

4. What has been the ICC's role in influencing legislation?

5. What role does the ICC play in addressing personnel issues, such as shortages within specific disciplines and certification and credentialling?

6. What role does the ICC play in facilitating transition and creating a seamless, birth through 5 system?

7. In what ways has your state's early intervention system benefitted from ICC activities? *(We encourage you to brag!)*

8. On a scale from 1 (very little) to 10 (a lot), how much credit would you give the ICC for the success of Part H in your State? *(please circle)*

very little . . . . . *a lot*

1 2 3 4 5 6 7 8 9 10

9. Please briefly describe the current burning issues facing your ICC.

10. Please provide any additional comments on the roles and functions of the ICC.

Local or Regional Councils

1. Does your state have local or regional interagency councils? ☐ Yes ☐ No

   If yes, how many? _____

   Which geographic areas do they serve?
   - ☐ One county
   - ☐ Multicounty
   - ☐ Other: *(please describe)* _____

APPENDIX A:
SICC Profile Questionnaire, *continued*

2. What is the structure and membership of these local/ regional councils?
   - ☐ Similar to state ICC
   - ☐ Unique to localities: *(please specify)* _____

3. What is the age focus of the local/regional councils?
   - ☐ Birth through 2
   - ☐ Birth through 5
   - ☐ Birth through 21
   - ☐ Other: *(please describe)* _____

4. What are the primary roles and functions of these local/ regional councils are (check the top 5):
   - ☐ Advocacy
   - ☐ Individual client program planning
   - ☐ Information sharing
   - ☐ Intake and referral
   - ☐ Provide input to the State ICC
   - ☐ Public awareness
   - ☐ Service coordination
   - ☐ Services planning/development
   - ☐ Staff development and training
   - ☐ Transition planning
   - ☐ Other: *(please describe)* _____

5. How does the state ICC support the local or regional councils? *(check all that apply)*
   - ☐ State provides financial support
   - ☐ State provides structure and guidelines
   - ☐ State provides technical assistance and training
   - ☐ Other: *(please describe)* _____

6. If the state ICC provides financial support to the local or regional councils, please:
   Specify the annual funding level: _____
   Describe the mechanism for transferring funds: _____

7. What strategies do you use to enhance communication between the state ICC and local or regional councils?
   - ☐ Electronic mail
   - ☐ Liaison personnel
   - ☐ Newsletters
   - ☐ Regional meetings or forums
   - ☐ Reports by local council at the state ICC meeting
   - ☐ Rotating meeting sites of the state ICC
   - ☐ Other: *(please describe)* _____

8. What supports are provided to help parents participate on local councils?
   - ☐ Expenses paid
     - ☐ Travel ☐ Child care
   - ☐ Fee paid for participation
   - ☐ Mentoring
   - ☐ Retreats for parents
   - ☐ Training workshops and/or orientation for parents
   - ☐ Written manual for parents
   - ☐ Other: *(please specify)* _____

9. Please provide any additional comments on local or regional councils.

Form completed by:

Name _____ *Title* _____

Phone _____ *Date* _____

Please return in the enclosed self-addressed, stamped envelope no later than September 12, 1996.

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APPENDIX B: Contact List of SICC Chairs[1]

ALABAMA

Joseph Busta, ICC Chair
AL Institute for the Deaf & Blind
P.O. Box 698
Talladega, AL 35160
(205) 761-3200
Fax: 205-761-3344

ALASKA

Nancy Dodge, ICC Chair
Governor's Council on Disabilities and Special Education
P.O. Box 2240249
Anchorage, AK 99524-0249
(907) 269-8990
Fax: 907-269-8995

AMERICAN SAMOA

Matt Tunoa, ICC Chair
LBJ Tropical Medical Center
American Samoa Hospital Authority
Government of American Samoa
Pago Pago, AS 96799
(684) 633-4929
Fax: 684-633-2167

ARIZONA

Mary Slaughter, ICC Co-Chair
Pilot Parent Partnerships
Suite 101
4750 North Black Canyon Highway
Phoenix, AZ 85017-3621
(602) 242-4366
Fax: 602-242-4306

and

Ginger Ward, ICC Co-Chair
Southwest Human Development
202 East Earll (#140)
Phoenix, AZ 85012
(602) 266-5976

ARKANSAS

Venita Lovelace-Chandler, ICC Co-Chair
45 Laver Circle
Little Rock, AR 72209
(501) 450-3611
Fax: 501-450-5822

and

Dana V. P. Green, ICC Co-Chair
2107 Houston
El Dorado, AR 71730
(501) 864-6435

CALIFORNIA

Raymond M. Peterson, Executive Director & ICC Chair
San Diego-Imperial Counties Development Services, Inc.
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San Diego, CA 92123-1648
(619) 576-2932
Fax: 619-576-2873

COLORADO

Barbara Stutsman, ICC Co-Chair
The Disability Connection
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Ft. Collins, CO 80527
(303) 229-0224
Fax: 303-229-0242

and

Jerri Miller, ICC Co-Chair
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Colorado Springs, CO 80918
(719) 590-7086

CONNECTICUT

Mary Beth Bruder, ICC Chair
Div of Child & Family Studies
UCONN Health Center, MC 6222
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Farmington, CT 06030
(860) 679-4632
Fax: 860-679-1368
E-mail: bruder@sun1.uchc.edu

[1] After June 15, 1997, an up-to-date list of SICC chairs can be viewed at the NEC*TAS site on the World Wide Web, http://www.nectas.unc.edu/, in the Part H section.

APPENDIX B:
Contact List of SICC Chairs, *continued*

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One Brandywine Gateway
Wilmington, DE 19899
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DISTRICT OF COLUMBIA

Tawara Taylor, ICC Chair
Georgetown University Child Dev. Ctr
3307 M Street, NW
Washington, DC 20007
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Fax: 202-687-8899

FLORIDA

Katherine Kamiya, ICC Chair
Center for Prevention and Early Intervention Policy
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Tallahassee, FL 32301-3043
(904) 922-1305
Fax: 904-922-1352

GUAM

Mamie C. Balajadia, ICC Chair
Department of Mental Health and
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790 Gov. Carlos Camacho Road
Tamuning, GU 96911
(671) 647-5440
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HAWAII

Ha'aheo Mansfield, ICC Chair
Parents & Children Together (PACT)
1475 Linapuni #117A
Honolulu, HI 96819
(808) 847-3285
Fax: 808 841-1485

IDAHO

Sally Snodgrass, ICC Chair
5250 Sorrento
Boise, ID 83704
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Fax: 208-334-6664

ILLINOIS

Maureen Patrick
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IOWA

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KANSAS

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Fax: 913-551-3706

KENTUCKY

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College of Education
Western Kentucky University
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Fax: 502-745-6474

LOUISIANA

Rep. Renee Pratt, ICC Chair
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1636 Toledano Street
New Orleans, LA 70115
(504) 896-1307

MAINE

Helen Zidowecki, ICC Chair
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APPENDIX B:
Contact List of SICC Chairs, *continued*

MARYLAND
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MICHIGAN
Mac Miller, ICC Chair
Livingston County CMH Services
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Howell, MI 48843
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Fax: 517-546-1300

MINNESOTA
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St. Paul, MN 55104-2001
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Fax: 612-642-9533, Call first

MISSISSIPPI
Louis Aldridge, ICC Co-Chair
PO Box 2611
Tupelo, MS 38803
(601) 842-3569

and

Rep. John Moore, ICC Co-Chair
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MISSOURI
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MONTANA
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Lodge Grass, MT 59050

NEBRASKA
Kay Cattle, EC Special Education Coordinator
ESU #1
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P.O. Box 576
Wakefield, NE 68784
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Fax: 402-287-2065
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NEVADA
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Educational Equity
Nevada Department of Education
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Carson City, NV 89701-9050
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NEW HAMPSHIRE
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101 Pleasant Street
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(603) 271-3741
Fax: 603-271-1953

NEW JERSEY
Mary E. Lotze, ICC Chair
23 Pin Oak Road
Skillman, NJ 08558
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Fax: 908-235-7088

NEW MEXICO
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Parents Reaching Out
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APPENDIX B:
Contact List of SICC Chairs, *continued*

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and

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NORTH DAKOTA

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OHIO

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Mentor, OH 44060
(216) 352-8993
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OKLAHOMA

Candye Chavez, ICC Chair
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OREGON

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PALAU

Gillian Johannes, ICC Chair
Special Education Advisory Council
Republic of Palau
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PENNSYLVANIA

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(610) 896-8038

PUERTO RICO

Atenaida Gonzalez Velez, President Consejo Interagencial
Department of Health
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Fax: 787-767-5675

RHODE ISLAND

James Healey, ICC Chair
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Cranston, RI 02920
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Fax: 401-463-9244

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APPENDIX B:
Contact List of SICC Chairs, *continued*

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TEXAS

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and

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WWW: http://www.uvm.edu/~uapvt/

VIRGIN ISLANDS

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Fax: 809-773-6121

and

Chearoll Looby-Williams, ICC Co-Chair
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VIRGINIA

John E. Frederick, Jr., ICC Chair
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Fax: 540-389-0852

WASHINGTON

Kathy Christiansen, Early Childhood Coordinator
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WEST VIRGINIA

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WISCONSIN

Stacy H. Wigfield, Acting ICC Chair
Development & Training Center
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WYOMING

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Cheyenne, WY 82002
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APPENDIX C: Regulations Under IDEA for SICCs

The complete text of the Department of Education regulations governing the implementation of the SICC component of the Early Intervention Program for Infants and Toddlers With Disabilities (Part H) of the Individuals with Disabilities Education Act (IDEA) Amendments of 1991 (Subpart G, in its entirety, of Part 303 of the Code of Federal Regulations[1]) is presented here.

PART 303 — EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS WITH DISABILITIES

Subpart G — State Interagency Coordinating Council

General

Sec. 303.600 Establishment of Council.

(a) A State that desires to receive financial assistance under this part shall establish a State Interagency Coordinating Council composed of at least 15 members but not more than 25 members, unless the State provides sufficient justification for a greater number of members in the application submitted under this part.

(b) The Council must be appointed by the Governor. The Governor shall ensure that the membership of the Council reasonably represents the population of the State.

(c) The Governor shall designate a member of the Council to serve as the chairperson of the Council or require the Council to do so. Any member of the Council who is a representative of the lead agency designated under Sec. 303.500 may not serve as the chairperson of the Council.

(Approved by the Office of Management and Budget under control number 1820- 0550)

(Authority: 20 U.S.C. 1482(a))

Note: To avoid a potential conflict of interest, it is recommended that parent representatives who are selected to serve on the Council not be employees of any agency involved in providing early intervention services. It is suggested that consideration be given to maintaining an appropriate balance between the urban and rural communities of the State.

Sec. 303.601 Composition.

(a) The Council must be composed as follows:

(1)(i) At least 20 percent of the members must be parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities.

(ii) At least one member must be a parent of an infant or toddler with a disability or a child with a disability aged six or younger.

(2) At least 20 percent of the members must be public or private providers of early intervention services.

(3) At least one member must be from the State legislature.

(4) At least one member must be involved in personnel preparation.

(5) At least one member must—

(i) Be from each of the State agencies involved in the provisions of, or payment for, early intervention services to infants and toddlers with disabilities and their families; and

(ii) Have sufficient authority to engage in policy planning and implementation on behalf of these agencies.

(6) At least one member must—

(i) Be from the State educational agency responsible for preschool services to children with disabilities; and

(ii) Have sufficient authority to engage in policy planning and implementation on behalf of that agency.

(7) At least one member must be from the agency responsible for the State governance of insurance, especially in the area of health insurance. (b) The Council may include other members selected by the Governor, including a representative from the BIA or, where there is no school operated or funded by the BIA, from the Indian Health Service or the tribe or tribal council.

(Approved by the Office of Management and Budget under control number 1820- 0550)

(Authority: 20 U.S.C. 1482(b))

Sec. 303.602 Use of funds by the Council.

(a) General. Subject to the approval by the Governor, the Council may use funds under this part—

(1) To conduct hearings and forums;

(2) To reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);

(3) To pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business;

(4) To hire staff; and

(5) To obtain the services of professional, technical, and clerical personnel, as may be necessary to carry out the performance of its functions under this part.

[1] Reproduced from U.S. Department of Education. (1993, July 30). 34 CFR Part 303, Early Intervention Program for Infants and Toddlers With Disabilities; Final rule. *Federal Register, 58*, 40958-40989.

(b) Compensation and expenses of Council members. Except as provided in paragraph (a) of this section, Council members shall serve without compensation from funds available under this part.

(Approved by the Office of Management and Budget under control number 1820- 0550)

(Authority: 20 U.S.C. 1479, 1482 (c) and (d))

Sec. 303.603 Meetings.

(a) The Council shall meet at least quarterly and in such places as it deems necessary.

(b) The meetings must—

(1) Be publicly announced sufficiently in advance of the dates they are to be held to ensure that all interested parties have an opportunity to attend; and

(2) To the extent appropriate, be open and accessible to the general public.

(c) Interpreters for persons who are deaf and other necessary services must be provided at Council meetings, both for Council members and participants. The Council may use funds under this part to pay for those services.

(Approved by the Office of Management and Budget under control number 1820- 0550)

(Authority: 20 U.S.C. 1482 (c) and (d))

Sec. 303.604 Conflict of interest.

No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

(Approved by the Office of Management and Budget under control number 1820- 0550)

(Authority: 20 U.S.C. 1482(f))

Functions of the Council

Sec. 303.650 General.

(a) Each Council shall—

(1) Advise and assist the lead agency in the development and implementation of the policies that constitute the statewide system;

(2) Assist the lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State;

(3) Assist the lead agency in the effective implementation of the statewide system, by establishing a process that includes—

(i) Seeking information from service providers, service coordinators, parents, and others about any Federal, State, or local policies that impede timely service delivery; and

(ii) Taking steps to ensure that any policy problems identified under paragraph (a)(3)(i) of this section are resolved; and

(4) To the extent appropriate, assist the lead agency in the resolution of disputes.

(b) Each Council may advise and assist the lead agency and the State educational agency regarding the provision of appropriate services for children aged birth to five, inclusive.

(Approved by the Office of Management and Budget under control number 1820- 0550)

(Authority: 20 U.S.C. 1482(e)(1)(A) and (e)(2))

Sec. 303.651 Advising and assisting the lead agency in its administrative duties.

Each Council shall advise and assist the lead agency in the—

(a) Identification of sources of fiscal and other support for services for early intervention programs under this part;

(b) Assignment of financial responsibility to the appropriate agency; and (c) Promotion of the interagency agreements under Sec. 303.523.

(Approved by the Office of Management and Budget under control number 1820- 0550)

(Authority: 20 U.S.C. 1482(e)(1)(A))

Sec. 303.652 Applications.

Each Council shall advise and assist the lead agency in the preparation of applications under this part and amendments to those applications.

(Approved by the Office of Management and Budget under control number 1820- 0550)

(Authority: 20 U.S.C. 1482(e)(1)(B))

Sec. 303.653 Transitional services.

Each Council shall advise and assist the State educational agency regarding the transition of toddlers with disabilities to services provided under Part B of the Act, to the extent those services are appropriate.

(Approved by the Office of Management and Budget under control number 1820- 0578)

(Authority: 20 U.S.C. 1482(e)(1)(C))

Sec. 303.654 Annual report to the Secretary.

(a) Each Council shall—

(1) Prepare an annual report to the Governor and to the Secretary on the status of early intervention programs operated within the State for children eligible under this part and their families; and

(2) Submit the report to the Secretary by a date that the Secretary establishes.

(b) Each annual report must contain the information required by the Secretary for the year for which the report is made.

(Approved by the Office of Management and Budget under control number 1820- 0550)

(Authority: 20 U.S.C. 1482(e)(1)(D))

Existing Councils

Sec. 303.670 Use of existing councils.

If a State established a Council before September 1, 1986, that is comparable to the requirements for a Council in this subpart (e.g., in terms of its composition, meetings, and functions), that Council is considered to be in compliance with these requirements. However, within four years after the date that a State accepts funds under this part, the State shall establish a Council that complies in full with the requirements of this subpart.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1482(g)) [END]

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National Early Childhood Technical Assistance System
a program of the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill
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NEC*TAS

BEST COPY AVAILABLE